

Testimony to the Montana State Legislature Regarding SB 323

I would like to thank the committee for the opportunity to speak in opposition to SB 323. My name is Timothy Roux and for the past eight years, I have admitted and cared for patients at Benefis Hospital on a regular basis as a general internist. For physicians not affiliated with the Benefis subsidized IPA (Independent Physician Association), the practice environment in Great Falls has become increasingly hostile. In 2006, both full time practicing otorhinolaryngologists (Ear, Nose and Throat) departed Great Falls within a 2 month time span. One of these physicians relocated to Kalispell to wind down his career; the other physician was a young physician who cited the hostilities at Benefis as a significant contributor to his reasons for leaving. This left the community of Great Falls without adequate access to ENT care.

Despite COPA, Benefis has already reduced vital services in Great Falls the past 5 years. I attended a video teleconference with the legislators from Great Falls about 2 weeks ago in which the topic was healthcare. The constituents spent about 50 of 55 minutes discussing the lack of access to psychiatric care and addiction medicine. Two years ago, Benefis cut funding to the Addiction Medicine physician which would have resulted in his call burden increasing to 24 hours a day, 7 days per week. Their solution to this problem was to demand the Internal Medicine physicians provide coverage to the Chemical Dependency Unit. The department refused to do so as this would amount to providing care for which the general internist has no training. The result of this cut in funding was the departure of the only full time addiction medicine specialist in Great Falls. Benefis' assertion that this care is provided elsewhere is disingenuous as there is no longer hospital based addiction medicine care available in Great Falls. However, the Great Falls Clinic continues to actively recruit Psychiatry. Benefis has no such ongoing recruitment; their job opportunities can be found at their website (<http://www.benefis.org/pages/default.asp?NavID=409>). I believe Benefis will continue this pattern of underfunding and neglect which will lead to the further elimination of programs which are vital to the community. COPA provides at least some measure of protection.

Benefis claims the COPA will hurt their bond rating. Perhaps more damaging to their bond rating is the continued alienation of over 50% of the physicians in Great Falls vis a vis continued litigation to stifle competition and their dissolution of their partnership with the Sisters of Providence. This relationship provided them with access to a very strong balance sheet which would enable them to secure debt at a more favorable rate. Blaming the COPA ignores these facts.

Benefis has engaged in retaliatory behavior against physicians based on their affiliations. As an example, Dr. Warr is the only board certified Palliative and Hospice Care physician in the region. He was the director of Hospice, but was replaced by a Family Practice physician with no training in palliative care. This is indefensible from a patient care perspective. Benefis states it will not engage in economic credentialing, but it has a history of denying physicians privileges based on their affiliations. They have denied

hospitalized cancer and chronic pain patients access to their providers simply because of the physicians' association with the Great Falls Clinic.

Benefis has attempted to lure physicians from the Great Falls Clinic to Benefis in order to change referral patterns. They have offered Dr. Whittle \$2 million to leave the GFC, which would neither improve access to care nor add additional services to the community. They have contacted prospective physicians and offered them employment opportunities with the IPA, effectively undermining the GFC.

Finally, Benefis claims that the COPA hurts their ability to compete. However, Benefis remains substantially profitable. The 20 bed Central Montana Hospital is not truly competition for Benefis. This fact did not dissuade Benefis from suing to prevent even this small degree of competition. Having failed in the courts, Benefis is now asking this committee to disregard the considerable work of the Attorney General's office and use an arbitrary time frame to sunset the COPA. This is simply bad policy. Objective measures should be used to define the termination of COPA, not coerced emails from hospital employees.

Thank you for your time and consideration.